



Mail To:
Baccalaureate Education System Trust
P.O. Box 198786
Nashville, Tennessee 37219-8786
1-888-486-2378 or (615) 532-8056
Fax: (615) 401-6816

Payment Request Form

☐ New☐ Modify/Override☐ Additional

Student

Name: _____

Contract
Number

Social Security Number: _____

This form may only be completed by the Purchaser or Beneficiary of a BEST Prepaid Contract. To request a withdrawal from the account, the Beneficiary **MUST** be enrolled in an institution of higher education and the tuition units must have been on the Beneficiary's account for at least two full years. Each tuition unit entitles the Beneficiary to an amount equal to one percent (1%) of the Weighted Average Tuition (WAT) during the academic year in which the unit is used. The WAT unit payout value is recalculated annually on August 1st and is effective until July 31st of the following year. Please contact a BEST Customer Service Representative to determine the number of units that are available on your contract for use. Visit our website at http://www.tn.gov/treasury/best/index_1a.html for information about the current WAT unit payout value. The actual payout will be determined at the time tuition prices are set by the schools with the current WAT. This form is processed at the time it is received by our office.

If you are completing this form to request funds to be paid to a college or university for the upcoming term, or for future terms, this form must be completed and mailed to the Baccalaureate Education System Trust (BEST) office by July 15th for the Fall term or December 15th for the Spring term OR 30 days prior to the school's bill due date, whichever comes first. **Failure to do so may result in a \$25 late fee being assessed to your account, a delay in payment of your prepaid tuition funds to the school, and possible late charges being assessed by the school.** The beneficiary will receive a 1099Q form for payments made directly to a school. However, please be aware that the recipient of an advance payment, reimbursement, or scholarship refund will be the recipient of the 1099Q form regarding the disbursement from the BEST account. Please retain all receipts for your records.

Please complete all sections below that apply.

Section A- Payments to School(s)

Please enter the name and address of the institution of higher education in this section if you would like BEST to make a payment directly to the institution.

School Name: _____

School Address: _____

Street

City

State

Zip

School Name

Term or Term Dates

Bill Due Date

Contract

Dollars

OR

Units

OR

OR

Please turn the form over to complete. ►



State of Tennessee Treasury Department



Mail To:
Baccalaureate Education System Trust
P.O. Box 198786
Nashville, Tennessee 37219-8786
1-888-486-2378 or (615) 532-8056
Fax: (615) 401-6816

Section B- Payments to Purchaser or Beneficiary

Please complete this section if you would like BEST to make a payment directly to the Purchaser or Beneficiary as an advance payment or reimbursement for qualified higher educational expenses.

Payee: _____ Purchaser ☐ Beneficiary ☐

Address: _____
Street City State Zip

Amount Requested: _____ Withdrawal Purpose: _____ Term(s): _____

Section C- Scholarship Refund Payments Payable to Refund Recipient

Please complete this section and attach proof of scholarship award for current or prior terms. You may collect the scholarship proceeds in advance of the current term, but the refund recipient will incur federal income tax liability. Payment will be sent to the Refund Recipient listed on the original BEST application. The Refund Recipient must sign the form to receive the scholarship refund.

Address: _____
Street City State Zip

Amount Requested: _____ Term(s): _____

Authorization

I HEREBY CERTIFY THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I INTEND TO USE THE WITHDRAWAL AMOUNT AS INDICATED ABOVE AND THAT THE DOLLAR AMOUNT OR NUMBER OF UNITS LISTED IS WHAT IS NEEDED TO PAY TUITION, OTHER QUALIFIED HIGHER EDUCATION EXPENSES REQUIRED FOR ENROLLMENT, OR AS A REFUND FOR A SCHOLARSHIP. I UNDERSTAND THAT SCHOLARSHIP REFUNDS FOR THE CURRENT AND PRIOR TERMS WILL BE CALCULATED USING THE CURRENT WEIGHTED AVERAGE TUITION (WAT) VALUE. I UNDERSTAND THAT I MUST BE ENROLLED AT THE INSTITUTION AT LEAST HALF-TIME IN ORDER TO QUALIFY FOR ROOM AND BOARD BENEFITS. I AUTHORIZE RELEASE OF INFORMATION REGARDING MY BACCALAUREATE EDUCATION SYSTEM TRUST PREPAID TUITION ACCOUNT TO THE INSTITUTION NAMED ABOVE. BY MY SIGNATURE BELOW, I AUTHORIZE BEST TO CALCULATE THE NUMBER OF TUITION UNITS NEEDED TO PAY THE AMOUNT INDICATED TO THE INSTITUTION AND/OR THE RECIPIENT OF THE PAYMENT. FOR TENNESSEE PUBLIC INSTITUTIONS, I AUTHORIZE BEST TO SEND THE AMOUNT BILLED BY THE INSTITUTION NOT TO EXCEED THE AMOUNT NOTED ON THIS FORM.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

(required only when student is currently under age 18)

Purchaser Signature: _____ Date _____

(required only if the Purchaser is the Refund Recipient)

